

Client Name (Last, First, MI) _____ ☐ Revised Form
Social Security Number _____ - _____ - _____ Date of Birth ____/____/____ Site: _____

Additional Procedures **Date** **Results** ☐ **Diagnostics Paid by MBCHP**

Additional mammographic views	____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ultrasound	____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Film comparison (to evaluate assessment incomplete)	____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Final imaging outcome (Includes all imaging procedures and film comparison that were done.)	____/____/____	<input type="checkbox"/> Negative (1) <input type="checkbox"/> Benign (2)	<input type="checkbox"/> Probably Benign (3) <input type="checkbox"/> Suspicious Abnormality (4)
		<input type="checkbox"/> Highly suggestive of malignancy (5)	
Surgical consult, repeat breast exam	____/____/____	<input type="checkbox"/> Normal: probably benign	<input type="checkbox"/> Abnormal: suspicious for cancer
Fine needle biopsy/cyst aspiration	____/____/____	<input type="checkbox"/> Normal: probably benign	<input type="checkbox"/> Abnormal: suspicious for cancer
Incisional biopsy	____/____/____	<input type="checkbox"/> Normal: probably benign	<input type="checkbox"/> Abnormal: suspicious for cancer
Excisional biopsy	____/____/____	<input type="checkbox"/> Normal: probably benign	<input type="checkbox"/> Abnormal: suspicious for cancer
Colposcopy directed biopsy/ECC	____/____/____	<input type="checkbox"/> Normal: probably benign	<input type="checkbox"/> Abnormal: suspicious for cancer
Diagnostic LEEP	____/____/____	<input type="checkbox"/> Normal: probably benign	<input type="checkbox"/> Abnormal: suspicious for cancer
Diagnostic cold knife cone	____/____/____	<input type="checkbox"/> Normal: probably benign	<input type="checkbox"/> Abnormal: suspicious for cancer
Diagnostic endocervical curettage	____/____/____	<input type="checkbox"/> Normal: probably benign	<input type="checkbox"/> Abnormal: suspicious for cancer
Gyn consult	____/____/____	<input type="checkbox"/> Normal: probably benign	<input type="checkbox"/> Abnormal: suspicious for cancer
Other - list: _____	____/____/____	<input type="checkbox"/> Normal: probably benign	<input type="checkbox"/> Abnormal: suspicious for cancer

Breast Final Diagnosis

- ☐ Cancer not diagnosed
- ☐ Cancer, in-situ - LCIS
- ☐ **Cancer, in-situ - DCIS**
- ☐ **Cancer, invasive**

Cervical Final Diagnosis

- ☐ Normal/benign/inflammation
- ☐ HPV/condylomata/atypia
- ☐ Mild dysplasia/CIN I (bx dx)
- ☐ Low grade SIL (bx dx)
- ☐ **Moderate dysplasia/CIN II (bx dx)**
- ☐ **High grade SIL (bx dx)**
- ☐ **Severe dysplasia/CIN III/Carcinoma in situ (bx dx)**
- ☐ **Invasive cervical carcinoma (bx dx)**
- ☐ Other - List: _____

Complete for Breast and /or Cervical Findings

Status of final diagnosis/imaging: date is required

- ☐ Workup complete Date ____/____/____
- ☐ Workup refused Date ____/____/____
- ☐ Lost to follow-up Date ____/____/____

Comments _____

Status of treatment: required for bolded final diagnoses

- ☐ Started Date ____/____/____
- ☐ Refused Date ____/____/____
- ☐ Lost to follow-up Date ____/____/____

Next screening or follow-up due ____/____/____
Month Year

Provider's signature _____